

Attitudes of Public Health Nurses and Neighborhood Health Program Participants about Nurses' Working Apparel

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NURSES are painfully aware of the tremendous change and upheaval that their profession has been experiencing in recent years. In the struggle to keep nursing relevant to our changing times, accepted methods, traditions, and concepts are being challenged and discarded. Some of the more obvious changes are in nursing education, the delegation of traditional nursing functions to ancillary personnel, and the assumption by nurses of responsibilities which heretofore have been considered within the domain of the physician only. Thus, nurses are finding themselves in the uncomfortable position of redefining what nursing is, of searching for a new identity.

The nurse's professional uniform has been one means by which she traditionally has been recognized. In recent years, however, some have questioned whether the uniform is still appropriate for the nursing profession of today. In numerous studies, attempts have been made to determine the effect of the uniform on the nurse-patient

relationship (1-8). Also, not to be overlooked is its effect upon the nurse's image of herself and upon her overall job satisfaction.

The purpose of this study was to survey the attitudes of public health nurses concerning their working apparel. We attempted to determine not only clothing preferences and the reasons for these preferences, but also to determine attitudes about the decision-making process under which the clothing policy was established. In addition, the educational and professional backgrounds of the respondents were examined in relation to their attitudes.

A sample survey of the attitudes of mothers of pediatric patients about nurses' working apparel was also conducted. We attempted to determine if the mothers could recall what kind of clothing the nurses wore, what the mothers' clothing preferences were for nurses, reasons for their preferences, and if differences by ethnic group existed.

Methodology for Survey of Nurses

Study population. To survey the attitudes of nurses, the visiting nurse service of a large urban health department with an extensive neighborhood health center program was studied. The study group of 175 included licensed practical nurses, graduate nurses, pediatric nurse practitioners, and public health nurses serving in staff, supervisory, consultative, or administrative positions (table 1).

Procedure. Two pretests of a questionnaire that we had devised were conducted at a nearby health department that had a similar policy about nurses' clothing. Then the questionnaire was filled in by

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each nurse in the study. The information obtained included identifying data (age, educational level, position in agency, length of employment), perceived importance of the clothing issue, preferred method for determining clothing policy and reasons, personal clothing choice and reasons, clothing choice for colleagues, clothing choice according to a nurse's functions, and perceptions of a need for identification if uniforms were abolished. Gamma and lambda were used as measures of association (9).

Under the clothing policy set by the administrative staff of the visiting nurse service, light-blue or dark-blue uniforms were required as regular working apparel for most nurses. Uniforms had to be worn at all official functions and whenever nurses were in contact with patients. Administrative, consultative, and supervisory personnel were permitted to wear street clothes a large part of their working time as they were infrequently or never in contact with patients. A committee on uniforms consisting of representative staff nurses and two administrators decided on details (style, length, and so forth) and determined where they would be purchased.

Results of Survey of Nurses

Importance of clothing issue. Ninety-four percent of the nurses surveyed indicated they thought that the type of clothing public health

nursing personnel wear to work was important. This opinion was expressed regardless of the respondent's age, position, or educational degree. Only 1 percent of the respondents thought the issue was unimportant, and 5 percent gave an indeterminate response.

Determination of clothing policy. Forty-seven percent of the nurses expressed the belief that the clothing policy for agency personnel should be determined by the nurses themselves with no administrative intervention. They indicated either that the nurses should vote as one group, with the preference of the majority the determining factor, or that each specialty group within the agency should determine its own dress (for example, clinic nurses might choose to wear clothing different from that of field nurses). Forty-five percent of the nurses said that the nursing personnel and the nursing administration should determine the policy jointly. (The existing committee on uniforms functioned in a more limited capacity.) Five percent of the nurses preferred to have the administration alone determine the clothing policy, while only 2 percent thought that each nurse should determine her own clothing policy. One percent gave an indeterminate response. As measured by gamma, the preferences for the determination of clothing policy were not associated with age, position, or educational degree.

In stating reasons for their preference for a given method of policy determination, 40 percent of the study group said that nurses should have the right to decide their mode of dress for one or a combination of the following reasons: they were the ones best qualified to determine their own clothing needs; this method was the most fair and democratic way; this method would result in satisfaction for the majority. Fifty-six percent of the nurses expressed the belief that some guidelines for standardization of clothing were necessary for one or more of the following purposes: to promote a positive public image, to allow the person to be identified as a nurse with a particular agency, and to avoid extremes in dress. These categories were not mutually exclusive so that some nurses were counted in both percentages.

Personal clothing choice. Fifty-eight percent (102) of the nurses preferred to wear a uniform, 31 percent (54) preferred to alternate street clothes and the uniform according to their own judgment, while 11 percent (19) preferred to wear street clothes. About one-fourth of those

Table 1. Profile of the 175 nurses in the study

Characteristic	Number	Percent
Present position:		
Licensed practical nurse	28	16
Consultant	07	04
Graduate nurse—staff level	46	26
Administrator	07	04
Supervisor	14	08
School nurse	07	04
Coordinator	14	08
Pediatric nurse practitioner	11	06
Field nurse	41	24
Age in years:		
20-24	40	23
25-29	52	30
30-44	32	18
45 and over	51	29
Highest degree held:		
No degree	80	46
Bachelor's degree	77	44
Master's degree	18	10
Total years of employment with agency:		
Less than 1	65	37
1-5	77	44
6-10	16	09
11-42	17	10

who preferred a uniform expressed a desire for changes in the present one. These changes included the color, the freedom to choose their own styles, and the freedom to make their own uniforms or to choose the source of purchase. Personal clothing choice was not associated with age or length of working time. It was strongly associated with highest educational degree held ($\gamma = 0.64$); the higher the degree, the more probable the choice of street clothes. Nurses with higher degrees tended to be in supervisory positions, however, where street clothes were more commonly worn as a matter of clothing policy.

In table 2 the nurses' personal choice of clothing is compared with the clothing they were then wearing. The data indicate that 67 percent of the nurses, if given a choice, would choose the same working apparel they were accustomed to wearing. The exceptions were the pediatric nurse practitioners, the majority of whom preferred to wear street clothes, and the school nurses, who preferred to alternate street clothes and uniforms according to their own judgement.

To determine why nurses preferred a particular type of clothing for themselves, we presented 16 possible reasons (including an open-ended category) and asked the nurses to rate each reason on a scale as to its importance in determining their own personal clothing choice. The single reason most commonly considered to be important was the suitability of the clothing to the nurse's function (80 percent). Two other practical features—comfort and minimum maintenance—were rated important by 70 percent and 66 percent of the nurses, respectively. Reasons pertaining to the

nurse-patient relationship—identification of the nurse as a helping person and the promotion of effective nurse-patient interaction—were each rated important by 70 percent of the nurses, while the safety of the nurse in the neighborhoods and homes of patients was considered important by 62 percent. Interestingly, concern for germs in relation to clothing was considered a factor by only 33 percent; choosing clothing as an indication of status was a factor for a mere 9 percent (table 3).

The association between personal clothing choice and reasons for this choice was assessed. More of the group favoring uniforms gave the following reasons as factors in their choice: minimum maintenance, personal safety of the nurse, identification of the nurse as authorized to give care, symbol of the profession, minimum initial expense, professional appearance, and identification of the nurse as a helping person. More of the group favoring street clothes selected individuality of dress as a factor in their choice.

Clothing choice for colleagues. In table 4 the clothing chosen by the nurses for colleagues holding positions other than their own within the agency is compared with the clothing then required for the nurses in those positions. Fifty-nine percent of these choices were in favor of the clothing that was then required. For colleagues who were coordinators, school nurses, or pediatric nurse practitioners, however, choices were about evenly divided between the required clothing (uniforms) and street clothes for part-time or full-time use.

Clothing choice for specified functions. More than three-quarters of the nurses preferred uni-

Table 2. Nurses' personal choice of clothing in comparison with required clothing

Required clothing for nursing position	Number of nurses	Percentage in position who chose—		
		Uniform	Alternating street clothes and uniform	Street clothes
Uniforms.....	147	67	23	9
Licensed practical nurse.....	28	86	14	0
Graduate nurse.....	46	76	17	7
Field nurse.....	41	68	30	2
Coordinator.....	14	64	36	0
School nurse.....	7	29	57	14
Pediatric nurse practitioner.....	11	9	18	73
Alternating street clothes and uniform.....	21	14	76	10
Consultant.....	7	0	86	14
Supervisor.....	14	21	72	7
Street clothes—administrator.....	7	0	43	57
All nurses.....	175	58	31	11

Table 3. Reasons nurses rated as important in choice of personal clothing

Reasons	Number of nurses	Percentage of nurses ¹
Practical features:		
Suitability to function.....	140	80
Low initial expense.....	98	56
Minimal maintenance.....	114	66
Comfort.....	123	70
Freedom from bothersome decisions.....	62	36
Nurse-patient relationship:		
Promotion of effective interaction.....	122	70
Identification of nurse as helping person.....	121	70
Identification of nurse as authorized person.....	95	54
Personal safety of nurse.....	108	62
Appearance:		
Attractive appearance.....	101	58
Professional appearance.....	87	50
Other:		
Individuality of dress.....	51	29
Professional symbolism.....	68	48
Avoidance of competition.....	48	28
Indication of status.....	15	9
Germ reservoir.....	59	33

¹ Based on the nurses who regarded clothing choice important.

forms for the administration of medication, collection of laboratory specimens, performance of treatments, and provision of general care. More than three-quarters preferred street clothes for either part-time or full-time use in supervision, administration, and consultation. The nurses were about evenly divided between uniforms and street clothes as appropriate for evaluation and referral and for counsel and instruction. Pediatric nurse practitioners, who preferred street clothes for most of these functions, were an exception to these results. Sixty-three percent of all choices were for the usual clothing being worn to perform the particular function.

Need for identification. Most of the respondents (97 percent) expressed the opinion that if nurses wore street clothing on the job they should carry some means of identification on their person, such as a pin, badge, or name tag. About 77 percent indicated that it was important for the public to be able to identify them as nurses for one or more of the following purposes: to promote rapport, to gain respect as professionals, to protect the patient from unqualified persons who might misrepresent themselves as nurses, and to protect nurses working in neighborhoods and homes from personal harm.

Table 4. Nurses' clothing choices for colleagues in comparison with colleagues' required clothing for nursing position

Required clothing for nursing position	Number of nurses ¹	Percentage who chose for the position—		
		Uniform	Alternating street clothes and uniform	Street clothes
Uniform				
Licensed practical nurse.....	147	80	16	4
Graduate nurse.....	142	76	20	4
Field nurse.....	135	75	21	4
Coordinator.....	159	52	32	16
School nurse.....	166	52	30	18
Pediatric nurse practitioner.....	162	44	32	24
Alternating street clothes and uniform.....				
Consultant.....	167	17	60	23
Supervisor.....	167	15	55	30
Supervisor.....	160	19	63	18
Street clothes—administrator.....	167	8	50	42

¹ All 175 nurses surveyed were asked to make clothing choices for all positions in the agency except their own.

Methodology for Survey of Mothers

To obtain estimates of the attitudes of low-income mothers about nurses' working apparel, a sample survey was made of 249 mothers participating in a neighborhood health program. Their children were being cared for by the 11 pediatric nurse practitioners participating in the survey of nurses. The clients of pediatric nurse practitioners were chosen because most of these nurses had expressed a strong desire to wear street clothes to work. These nurses indicated they believed their patients preferred them to wear street clothes on the job. Three separate proportional random samples were drawn from the mothers, representing the ethnic groups of blacks, Spanish-surnamed persons, and Anglos.

Although agency policy required public health nurses to wear blue uniforms, the mothers were also exposed to other nurses wearing white uniforms and to aides wearing pink uniforms.

Interviews for the survey were conducted in the respondents' homes by 16 female neighborhood aides from the staff of the neighborhood health program, all of whom had been intensively trained in interviewing techniques. A pretested interview guide provided open-ended questions designed to elicit candid replies and permit detection of inconsistent responses. Two similar sets of questions were used so that respondents had a chance to express their feelings and correct or explain previous responses. Both respondents and interviewers were somewhat limited in their verbal and written communicative skills. Estimates of what the attitudes of low-income mothers would be were therefore based on sample subgroups comprised of those mothers who were able to communicate their preferences (10).

Results of Survey of Mothers

Chi-square values were computed to determine if the ethnic group of the mother influenced her attitude toward nurses' apparel. When no differences were then found between the three ethnic groups, the three samples were combined. The following 95 percent confidence limits refer to population percentages.

The confidence limits were 98–100 percent for the percentage of mothers who could recall the kind of clothing their child's nurse wore. More than three-quarters of the mothers preferred their child's nurse to wear a uniform (confidence limits 76–84 percent). To test for the effect of the clothing to which the mothers were accustomed, the mothers were divided into four classes based on the type of clothing they said their child's nurse ordinarily wore—white uniform, colored uniform, street clothes, or unknown. Of those mothers who said their child's nurse ordinarily wore a white uniform, 100 percent preferred a uniform (confidence limits 84–100 percent). Of those mothers who reported that the apparel of their child's nurse was a colored uniform, 85 percent preferred a uniform (confidence limits 78–90 percent). In contrast, only 46 percent of the mothers who reported that their child's nurse wore street clothes said they preferred a uniform (confidence limits 30–63 percent).

These results reveal an association between the type of clothing the mothers reported the nurse wore and the type the mothers preferred ($P < .0005$ for the chi-square value by Cochran's variance test (11)). Thus, a mother's clothing preference would tend to be the same as her recollection of the nurse's clothing.

Table 5. Mothers' preferences for nurses' clothing compared with nurses' usual clothing as recalled by mothers

Usual clothing	Number of mothers	Number of mothers who preferred—			
		White uniform	Colored uniform	Street clothes	Unknown
White uniform.....	26	¹ 24	2	0	0
Colored uniform.....	170	19	¹ 126	23	2
Street clothes.....	39	10	8	¹ 21	0
Unknown.....	14	4	¹ 5	4	1
All mothers.....	249	57	¹ 141	48	3

¹ Highest in the row. NOTE: Lambda $b = \frac{(24+126+21+5)-141}{249-141} = 0.32$. The 95 percent confidence interval is .21–.44.

Table 5 shows the mothers' preferences for nurses' clothing and the nurses' usual clothing as reported by the mothers. As a second measure of association, the lambda *b* of Goodman (9) was computed, which shows the proportion of errors that can be eliminated in guessing the clothing preference of a random sample of mothers if account is taken of what they report as the nurses' usual clothing. The results indicate that knowledge of what type of clothing mothers remember nurses as wearing could substantially improve predictions of mothers' clothing preferences (confidence limits were 21-44 percent improvement).

When the sample mothers were asked for the reasons for their clothing preferences, the responses seemed to cluster into five groups. The first centered on the mother's relationship with the nurse and included concepts of identification, security, and the nursing image: "They should wear uniforms; at least you know who are nurses." "I would like to see her in a uniform because. . . I would feel safer." "She should wear a nice, neat uniform; after all she is a nurse."

A second group of reasons focused more generally on appearance: "Nurses look better in uniforms." "Clean—they should be clean." A third group consisted of variations of the phrase, "White scares children." A fourth group consisted of "don't care" responses and the fifth group, of responses that could not be interpreted. Confidence limits were 41-55 percent for the expected percentages of mothers in the population who would give some aspect of their relationship with the nurse as a reason for their clothing preference, as opposed to other reasons, and 12-22 percent for those who would give no reason or an uninterpretable one (as opposed to an interpretable reason).

Discussion

In general, the nurses in the survey preferred the same type of working apparel as was currently being worn under agency regulations. Preference for the customary working apparel was expressed in three ways: each nurse's preference for her own working apparel, her preference for the working apparel of colleagues having positions different from her own, and her preference in working apparel for specified nursing functions.

The pediatric nurse practitioners and the

school nurses were exceptions in that they preferred to wear street clothes full-time or part of the time instead of the required uniforms. For the functions of evaluation and referral and for counsel and instruction, nurses' choices were about evenly divided between uniforms and street clothes. Pediatric nurse practitioners and school nurses may have seen themselves, or have been perceived by their colleagues, as performing mainly these functions.

Another possible explanation for the pediatric nurse practitioners' consistent exception to the majority vote was their unique situation in the agency. These women were graduate nurses who had received special training in pediatrics (12). They provided primary care to children and had more responsibility than the average staff nurse in pediatric care. At the time of the study, however, the nursing agency had made no provisions for recognizing their special training or increased responsibility in terms of increased salary, status in the agency, or autonomy in their work.

These pediatric nurse practitioners had frequently expressed dissatisfaction with this situation with no apparent results. Several of them then began to wear street clothes at work instead of the regulation uniform, saying that their patients preferred street clothes to uniforms. Although no pediatric nurse practitioner rated the indication of her status as an important reason for her clothing preference, these respondents tended to choose street clothes for administrative and supervisory personnel and uniforms for staff nurses other than themselves. Thus, they may have chosen street clothes for themselves partly as a symbol of their identification with the first group.

The sample mothers' preferences as to nurses' working apparel did not seem to support the pediatric nurse practitioners' contention that patients preferred nurses to wear street clothes. The mothers' preferences, however, might have been different if more of the sample mothers had been accustomed to seeing nurses wearing street clothes. The mothers' reasons for clothing preferences might also be considered to suggest that they may need the security that a uniform provides.

While attitudes of ethnic groups toward other issues of public health service may vary, there were no differences among the three ethnic groups as to nurses' working apparel.

Conclusion

If the expanded role for nurses continues, as seems likely, allowances may have to be made in nursing policies to accommodate differences in the needs of nurses serving in expanded roles and the needs of nurses serving in more traditional job categories.

Although most nurses would not change their accustomed apparel if given a choice, they apparently want more influence in determining their clothing policy. Even the approximately 25 percent of the nurses who said they preferred uniforms expressed a desire for more freedom in choosing the details of their working apparel.

Nevertheless the majority of the nurse respondents and a significant number of the sample mothers expressed a concern that the public be able to visually identify a nurse. Whatever changes the future may bring in regard to working apparel, the nurse's public image is still a source of concern and pride for a large number of nurses.

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A survey was conducted of 175 public health nurses from the City and County Department of Health and Hospitals, Denver, Colo., and also of 249 mothers participating in a neighborhood health program, to ascertain their attitudes about nurses' working apparel. Ninety-four percent of the nurses indicated that the issue of their working apparel was important. The majority said that if given a choice, they would prefer the same kind of clothing as they and their colleagues were accustomed to wearing. Nevertheless, at least half wanted more autonomy in choosing their working apparel than

was allowed by the agency.

The uniform was preferred for nurses performing functions involving physical care of patients; street clothes or street clothes alternated with uniforms were preferred for nurses not giving direct patient care. The majority of the nurses considered practicality and factors affecting the nurse-patient relationship as important reasons for their personal clothing choice. The majority expressed concern lest the public not be able to identify them visually as nurses if the uniform was replaced by another mode of dress.

Only the pediatric nurse prac-

tioners consistently chose street clothing for themselves although agency policy required them to wear uniforms. Despite their views that patients preferred them to wear street clothes, more than three-fourths of the mothers of their patients indicated that they preferred that their child's nurse wear a uniform. Results showed, however, that the mother's clothing preference tended to be the same as her recollection of what her child's nurse wore. The majority of reasons given by the mothers for their clothing preference indicated a need for identification of the nurse and for security.